

# Health Scrutiny Panel Meeting

Minutes – 13 March 2014

## Attendance

### Members of the Panel

CLlr Claire Darke (chair)  
CLlr Ian Claymore  
CLlr Paul Singh

### Other Councillors

### Employees

Earl Piggott-Smith          Scrutiny Officer

### Other attendees

Jeremy Vanes                  Acting Chairman Trust Board (Royal Wolverhampton NHS Trust )  
Cheryl Etches                  Chief Nursing Officer (Royal Wolverhampton Hospital NHS Trust)

## Apologies

Apologies were received from the following Councillors

Cllr Susan Constable

Cllr Milkinder Jaspal

Cllr Zahid Shah

Cllr Burt Turner

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## Part 1 – items open to the press and public

<i>Item No.</i>	<i>Title</i>	<i>Action</i>
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### MEETING BUSINESS ITEMS

### DECISION ITEMS

#### 5. **Royal Wolverhampton Hospital Trust Board**

Cllr Claire Darke welcomed Jeremy Vanes and Cheryl Etches to the meeting.

Jeremy Vanes briefed the Panel about the structure and membership of the Trust Board and how it has changed over the previous 20 years. Jeremy explained how the responsibilities of the Chief Executive of a hospital differ from a similar position in another organisation. The Chief Executive is responsible to the Secretary of State and Parliament.

Jeremy explained the scale of management responsibilities of the Chief Executive for managing large staff resources and the demands placed on the service. Jeremy commented on the challenges of working in a politicised environment.

Jeremy outlined the main responsibilities of the Trust Board and his appointment as Interim Chair following the departure of Richard Harris. Jeremy has been interim chair for nine of the previous 18 months.

Jeremy explained the process for appointing a new Chair and that he is hoping that following the recent work to recruit non-executive members that they will have the time to settle into the role. Jeremy commented on the criteria used by Monitor to decide if the hospital can be considered for Foundation Trust status.

The Panel welcomed the report and paid tribute to the quality and dedication of staff at the hospital.

A comment was made about the circumstances that have led to four Chairs of the trust board being appointed during a four year period. Jeremy accepted that the situation was not ideal and he would have preferred that Richard Harris had stayed, but accepted his decision to leave. Jeremy stated that there had been four Chair's appointed over an eight year period and there was no single reason linking their decisions to leave.

A comment was made about the representation of the public voice on the Trust Board and the opportunity to influence decisions about how health services are managed and delivered. Jeremy explained the role of the Shadow Governors and their role in representing the voice of the public and also that the job descriptions for non-executives made reference to the ability to understand and articulate the views of the public.

Jeremy commented on the different models which had been introduced by different political parties since the abolition of Community Health Councils which was set up to provide a voice for patients and the public in the National Health Service. Jeremy explained the impact of introducing different structures for involving the public in health care provision since the abolition of Community Councils had mixed results in terms of success.

Jeremy commented on the potential future use of mobile phone technology to engage the public, and particularly young people - for example, the use of the phone to monitor blood pressure levels.

A comment was made about whether the role of Chief Executive was too powerful and not properly accountable. A specific comment was made about recent press reports which made a number of allegations about the Chief Executive. Jeremy explained that in his view the creation of powerful Chief Executive is a part of national drive by Government to have people in this position who could deliver the necessary changes and able to resolve problems.

Jeremy commented that this situation has the potential to create conflict, but considered that powerful management was needed to deal with the hospitals financial problems at the time of David Loughton's appointment. Jeremy while accepting that the article was embarrassing disputed the accuracy of the report and also stated that some of the references relate to events that happened more than 20 years ago.

Jeremy explained the role of Strategic Health Authority in appointing Chief Executive who act independently of the Trust Board.

Cllr Claymore stated that he wanted it recorded that he did not agree with the answers given by Jeremy in respect of his concerns about the management style of the Chief Executive in response to criticisms about hospital and the other issues referred to a recent press article.

Jeremy commented on the increase in annual turnover from £286 million when David Loughton was appointed, which had since increased to £430 million for 2014.

Jeremy commented on the successful management of the hospital to deliver annual surpluses which had been used to fund the redevelopment of the hospital estate. The aim of the changes was to organise service so that they could deliver better patient care more efficiently. Jeremy compared the approach by the hospital to using its own funding rather than borrowing money which other hospitals had done to fund their work. There was concern that this may create financial problems for these hospitals in the future which had borrowed money through the Governments PFI programme.

Cheryl Etches explained the processes and controls which have been used by the hospital to deliver annual budget surpluses when funding proposals are submitted for consideration.

Jeremy outlined the challenges facing hospitals in the future and the prospect of further re-organisation as changes are introduced nationally – for example the annual reduction in tariff rates paid for different surgical procedures. Jeremy commented on the impact on the hospital due to the issues at Mid Staffordshire Hospital and the potential to deliver care as a result of using the resources at Cannock Hospital to create extra capacity at New Cross, which will reduce waiting times.

A comment was made about the possibility of vascular surgery services returning back to the hospital in the future. Cheryl Etches commented that the area used previously for vascular surgery is now an acute medical ward and it would be difficult to bring the service back. In addition, there was a concern that such a change could destabilise services at Russell's Hall Hospital.

Jeremy was asked to outline what he considers to be his top three priorities for the year. Jeremy listed the following priorities

1. Managing the medical research facility hub at the hospital on behalf of 14 health regions. The hospital has been given funding of £27 million to deliver the project.
2. Managing the takeover of Cannock Hospital and the development of services.

3. Preparation for Foundation Trust application and the recruiting extra nurses as part of the action plan following the Keogh Review.

Cheryl highlighted the challenges in recruiting nursing staff - the lack of available pool of local people with the necessary skills. The hospital works with the University as part of its workforce planning to train nurses to meet future staffing needs. However, there is no guarantee that students will choose to stay and work in Wolverhampton at the end of their course.

Cheryl, explained that there are programmes aimed at encouraging former nurses to return back to work but the success of such schemes is mixed. Recruiting nurses from abroad is an option, but the hospital would need to consider how well they could adapt to working in a UK hospital.

The Panel queried if Jeremy had considered applying for position of Trust Board Chair. Jeremy explained that he would need to consider the implications for his work with the CAB – both jobs are very demanding and he would need to think carefully and weigh up the options.

Resolved:

The panel thanked Jeremy and Cheryl for attending the meeting and their open and frank responses to a number of different issues.